

## Disclosure of Ownership and Control Statement

**Attention!** Carefully read all of the instructions to the form before completing this form. Errors and omissions will delay processing. You may be able to use Form 5871-S, Disclosure of Ownership and Control Statement – Short Form, in lieu of using this form. See instructions to Form 5871-S to determine if you meet the requirements.

### Section 1. Disclosing Entity Information

Legal Name of Disclosing Entity (applicant/provider)		Doing Business As (d/b/a), if applicable	
Name of Contact Person		Title or Relationship to Disclosing Entity	
Area Code and Telephone No.	Area Code and Fax No.	Email Address	
Business Entity Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust, Living Trust or Estate <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (specify): <input type="checkbox"/> Governmental (check one): <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Hospital District/Authority <input type="checkbox"/> LIDDA			
Taxpayer Identification No. (EIN or SSN)		Provider Identifier No. (NPI or API)	

### Section 2. Disclosing Entity's Ownership and Control Interest Information

See Exhibit A of the instructions for a list of required ownership and control interest disclosures by business entity type. Disclose business entities with an ownership interest in 2.a. and individuals with an ownership or control interest and managing employees in 2.b.

#### 2.a. Business Entity Ownership Interest

Legal Name of Business Entity		Business Entity Type		Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)				Shares Publicly Traded?	Percent of Ownership
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

  

Legal Name of Business Entity		Business Entity Type		Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)				Shares Publicly Traded?	Percent of Ownership
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

  

Legal Name of Business Entity		Business Entity Type		Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)				Shares Publicly Traded?	Percent of Ownership
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

#### 2.b. Individual Ownership or Control Interest; Managing Employees

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

  

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

## Section 2. Disclosing Entity's Ownership and Control Interest Information (continued)

### 2.b. Individual Ownership or Control Interest; Managing Employees (continued)

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosing Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

### 2.c. For for-profit corporations only

Has 100% ownership interest been disclosed in Section 2.a and 2.b? ..... ☐ Yes ☐ No

If No, does each of the remaining shareholders (entities and individuals) own less than 5%? ..... ☐ Yes ☐ No

If No, disclose remaining shareholders that have a 5% or more ownership interest or attach an explanation why these shareholders are not disclosed.

Copy this page to use as an attachment if more entries are required.

### Section 3. Disclosing Entity's Ownership and Control Interest Information: Next Level(s)

See Exhibit A of the instructions for a list of required ownership and control interest disclosures by business entity type. Disclose business entities with an ownership interest in 3.a. and individuals with an ownership or control interest and managing employees in 3.b.

Legal Name of Business Entity Disclosed on This Page
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#### Section 3.a. Business Entity Ownership Interest

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

#### Section 3.b. Individual Ownership or Control Interest; Managing Employees

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

Copy this page to use as an attachment if more entries are required.

**Section 3. Disclosing Entity's Ownership and Control Interest Information: Next Level(s) (continued)**

**Section 3.b. Individual Ownership or Control Interest; Managing Employees (continued)**

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

**3.c. For for-profit corporations only**

Has 100% ownership interest been disclosed in Section 3.a and 3.b? ..... ☐ Yes ☐ No

If No, does each of the remaining shareholders (entities and individuals) own less than 5%? ..... ☐ Yes ☐ No

If No, disclose remaining shareholders that have a 5% or more ownership interest or attach an explanation why these shareholders are not disclosed.

**Copy this page to use as an attachment if more entries are required.**

**Note: If the disclosing entity does not contract or propose to contract with a management company to perform any services related to its participation in DADS programs, check the box NA, leave sections 4 through 6 blank and go to Section 7.** ☐ NA

#### Section 4. Management Company Information

Legal Name of Business Entity		Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)			
Mailing Address (P.O. Box or Street, City, State, ZIP Code), if different			
Name of Contact Person		Title or Relationship to Management Company	
Area Code and Telephone No.	Area Code and Fax No.	Email Address	

#### Section 5. Management Company's Ownership and Control Interest Information

See Exhibit A of the instructions for a list of required ownership and control interest disclosures by business entity type. Disclose business entities with an ownership interest in 5.a. and individuals with an ownership or control interest and managing employees in 5.b.

##### Section 5.a. Business Entity Ownership Interest

Legal Name of Business Entity		Business Entity Type	Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)		Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership	

Legal Name of Business Entity		Business Entity Type	Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)		Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership	

Legal Name of Business Entity		Business Entity Type	Employer Identification No. (EIN)	
Physical Address (Street, City, State, ZIP Code)		Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership	

##### Section 5.b. Individual Ownership or Control Interest; Managing Employees

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

Copy this page to use as an attachment if more entries are required.

**Section 5. Management Company's Ownership and Control Interest Information (continued)**

**Section 5.b. Individual Ownership or Control Interest; Managing Employees (continued)**

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Management Company			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

**5.c. For for-profit corporations only**

Has 100% ownership interest been disclosed in Section 5.a and 5.b? ..... ☐ Yes ☐ No

If No, does each of the remaining shareholders (entities and individuals) own less than 5%? ..... ☐ Yes ☐ No

If No, disclose remaining shareholders that have a 5% or more ownership interest or attach an explanation why these shareholders are not disclosed.

**Copy this page to use as an attachment if more entries are required.**

## Section 6. Management Company's Ownership and Control Interest Information: Next Level(s)

See Exhibit A of the instructions for a list of required ownership and control interest disclosures by business entity type. Disclose business entities with an ownership interest in 6.a. and individuals with an ownership or control interest and managing employees in 6.b.

Legal Name of Business Entity Disclosed on This Page
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### Section 6.a. Business Entity Ownership Interest

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

Legal Name of Business Entity	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Shares Publicly Traded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Percent of Ownership

### Section 6.b. Individual Ownership or Control Interest; Managing Employees

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

First Name of Individual	Last Name	MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity	
Physical Address (Street, City, State, ZIP Code)		Driver License No.	State

Copy this page to use as an attachment if more entries are required.

**Section 6. Management Company's Ownership and Control Interest Information: Next Level(s) (continued)**

**Section 6.b. Individual Ownership or Control Interest; Managing Employees (continued)**

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

First Name of Individual		Last Name		MI	Jr., Sr., etc.
Social Security No.	Date of Birth (mm/dd/yyyy)	Title or Position Held with Disclosed Entity			Percent of Ownership
Physical Address (Street, City, State, ZIP Code)				Driver License No.	State

**6.c. For for-profit corporations only**

Has 100% ownership interest been disclosed in Section 6.a and 6.b? ..... ☐ Yes ☐ No

If No, does each of the remaining shareholders (entities and individuals) own less than 5%? ..... ☐ Yes ☐ No

If No, disclose remaining shareholders that have a 5% or more ownership interest or attach an explanation why these shareholders are not disclosed.



## Section 7. Other Ownership and Control Interest Information

**7.a.** Does any business entity or individual have a 5% or greater ownership interest in any mortgage, deed of trust, note or other obligation secured by the disclosing entity? ..... ☐ Yes ☐ No

If yes, does the business entity's or individual's ownership interest equal at least 5% of the value of the disclosing entity's assets? ..... ☐ Yes ☐ No

If yes, complete the following for the business entity or individual. **Note:** A secured obligation with a business entity that is a financial institution regulated by a federal or state governmental agency does not have to be disclosed.

Legal Name of Business Entity	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	

Legal Name of Business Entity	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	

Name of Individual	Social Security No.	Date of Birth (mm/dd/yyyy)
Physical Address (Street, City, State, ZIP Code)	Driver License No.	State

Name of Individual	Social Security No.	Date of Birth (mm/dd/yyyy)
Physical Address (Street, City, State, ZIP Code)	Driver License No.	State

**7.b.** Does the disclosing entity have a 5% or greater ownership interest in any subcontractor? ..... ☐ Yes ☐ No

If yes, will the subcontractor perform any services related to the disclosing entity's participation in DADS programs? ..... ☐ Yes ☐ No

If yes, complete the following for the subcontractor.

Legal Name of Business Entity (Subcontractor)	Business Entity Type	Employer Identification No. (EIN)
Physical Address (Street, City, State, ZIP Code)	Disclosing Entity's Percentage of Ownership in Subcontractor	

Provide the name, federal taxpayer ID number and address of all other individuals or business entities that have a 5% or more ownership interest or control interest in the subcontractor listed above.

Name of Individual or Business Entity	SSN or EIN	Physical Address (Street, City, State, ZIP Code)
Name of Individual or Business Entity	SSN or EIN	Physical Address (Street, City, State, ZIP Code)
Name of Individual or Business Entity	SSN or EIN	Physical Address (Street, City, State, ZIP Code)
Name of Individual or Business Entity	SSN or EIN	Physical Address (Street, City, State, ZIP Code)
Name of Individual or Business Entity	SSN or EIN	Physical Address (Street, City, State, ZIP Code)

Copy this page to use as an attachment if more entries are required.

## Section 7. Other Ownership and Control Interest Information

**7.c.** Are any individuals identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. related to each other as a spouse, natural or adoptive parent, natural or adoptive child, or natural or adoptive sibling? ..... ☐ Yes ☐ No

If yes, complete the following for the related individuals.

Name of First Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Second Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Relationship of First Individual to Second Individual <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling	

Name of First Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Second Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Relationship of First Individual to Second Individual <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling	

Name of First Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Second Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Relationship of First Individual to Second Individual <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling	

Name of First Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Second Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Relationship of First Individual to Second Individual <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling	

**7.d.** Does any disclosing entity owner identified in Section 2 or 3 have an ownership or control interest in any other disclosing entity? ..... ☐ Yes ☐ No

If yes, complete the following for the individual or business entity.

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Other Disclosing Entity	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Other Disclosing Entity	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Other Disclosing Entity	

Copy this page to use as an attachment if more entries are required.

## Section 8. General Disclosure Questions

**8.a.** Has any individual or business entity identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. ever been convicted of a criminal offense related to any program established by Titles XVIII, XIX, XX or XXI? ..... ☐ Yes ☐ No

If yes, identify the individual or business entity below and fully explain the details, including the state and county the conviction occurred, the cause number(s), the program affected, and specifically what the individual or business entity was convicted of. (Attach additional sheets, if necessary.)

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**8.b.** Has any individual or business entity identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. ever been sanctioned in any state or federal program? ..... ☐ Yes ☐ No

If yes, identify the individual or business entity below and fully explain the details, including the date, the state the incident occurred, the agency taking the action and the program affected. (Attach additional sheets, if necessary.)

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**Section 8. General Disclosure Questions (continued)**

**8.c.** Is any individual or business entity identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. currently or ever been subject to the terms of a settlement agreement, corporate compliance agreement or corporate integrity agreement in relation to any state or federally funded program? ..... ☐ Yes ☐ No

If yes, identify the individual or business entity below and fully explain the details, including date, term, the state where the incident occurred, program affected and the name of the board or agency. (Attach additional sheets, if necessary.)

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**8.d.** Does any individual or business entity identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. have an outstanding debt in relation to any state or federally funded program? ..... ☐ Yes ☐ No

If yes, identify the individual or business entity below and fully explain the details, including amount, payment status (current or delinquent), the state where the incident occurred, and the name of the board or agency. (Attach additional sheets, if necessary.)

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**Section 8. General Disclosure Questions (continued)**

**8.e.** Is any individual or business entity identified in Section 2, 3, 4, 5, 6 or 7.a or 7.b. currently charged with or ever been convicted a criminal offense listed in Texas Administrative Code, Title 40, Part 1, Chapter 49, §49.206 ? ..... ☐ Yes ☐ No

If yes, identify the individual or business entity below and fully explain the details, including date, the state and county the conviction occurred, the cause number(s), and specifically what the individual or business entity was convicted of. Do not include any conviction disclosed in question 8.a. (Attach additional sheets, if necessary.)

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual/Business Entity	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**8.f.** Does any individual identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. have a professional license or certification that is currently revoked, suspended or otherwise restricted? ..... ☐ Yes ☐ No

Has any individual's license or certification ever been revoked, suspended or otherwise restricted? ..... ☐ Yes ☐ No

Is any individual currently, or ever been, subject to a licensing or certification board order? ..... ☐ Yes ☐ No

Has any individual voluntarily surrendered a license or certification in lieu of disciplinary action? ..... ☐ Yes ☐ No

If yes is answered to any of these questions, identify the individual below and fully explain the details, including date, state in which the incident occurred, name of the board or agency, and any adverse action taken against the individual's license.

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Copy this page to use as an attachment if more entries are required.

**Section 8. General Disclosure Questions (continued)**

**8.g.** Is any individual identified in Section 2, 3, 4, 5, 6 or 7.a. or 7.b. currently behind 30 days or more on court ordered child support? ..... ☐ Yes ☐ No

If yes, identify the individual below and provide details on how these past-due obligations will be met. (Attach additional sheets, if necessary.)

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Details:	

**8.h.** Is any individual identified in Section 2, 3, 4, 5, 6 or 7.a or 7.b. not a citizen of the United States? ..... ☐ Yes ☐ No

If yes, identify the individual below and provide the name of the country the individual is a citizen of.

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Country:	

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Country:	

Name of Individual	Identified in Section <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Name of Country:	

**8.i.** Does any individual identified in question 8.h. have a legal right to work in the United States? ..... ☐ Yes ☐ No

If yes, attach a copy the individual's green card, visa or other documentation demonstrating the individual's right to work and reside in the United States.

**Copy this page to use as an attachment if more entries are required.**

### Section 9. Disclosing Entity's Certification

I certify the information set forth in this form and all attachments, if any, is true and complete. If found to be otherwise, I understand it is sufficient cause for DADS to deny the disclosing entity's application to enroll in Texas Medicaid, the disclosing entity's community services contract application or, if applicable, terminate the disclosing entity's existing contract. I also understand that as a condition of participation in DADS programs, the information provided in this form must be kept current, and I agree to submit updated information in accordance with Texas Administrative Code Title 40, Part 1, Chapter 49 (relating to Contracting for Community Services).

Signature—Owner or Authorized Representative

Date

Typed or Printed Name of Owner or Authorized Representative

Title

With a few exceptions, you have the right to request and be informed about the information the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, §§552.021, 552.023, 559.004). To find out about your information and your right to request correction, please refer to the DADS contact information in your application, procurement or renewal packet.